

PART B - FEE(S) TRANSMITTAL

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1590 09/17/2007

Hamre Schumann Mueller & Larson P C
P O Box 2902-0902
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10/25/2007 FRTETK12 00000036 503478 10731461

01 F0:1501 1440.00 DA
02 F0:1504 200.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/731,461	12/08/2003	Syouji Tanaka	10873.1347US01	3317

TITLE OF INVENTION: SOLID-STATE IMAGING DEVICE, METHOD FOR MANUFACTURING THE SAME AND INTERLINE TRANSFER CCD IMAGE SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/17/2007
EXAMINER		CLASS-SUBCLASS				
LEE, JOHN R		2878		250-227200		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Hamre, Schumann,

2 Mueller & Larson, P.C.

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD.

OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

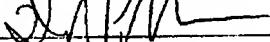
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3478 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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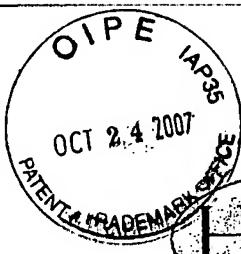
Date October 24, 2007

Typed or printed name Douglas P. Mueller

Registration No. 30,300

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FAX TRANSMISSION

October 24, 2007

TO: Mail Stop: ISSUE FEE
 Examiner:
 Commissioner for Patents
 PO Box 1450
 Alexandria, VA 22313-1450

FROM: Douglas P. Mueller
 OUR REF: 10873.1347US01
 TELEPHONE: (612) 455.3800

Total pages, including cover letter: 2

PTO FAX NUMBER: 571.273.2885

If all pages are NOT received, please call us at 612.455.3800 or fax us at 612.455.3801.

Title of Document: **Part B – Fee(s) Transmittal (1 pg)**

Applicant: TANAKA et al.
 Serial No.: 10/731,461
 App. Filed: December 8, 2003
 Group Art No.: 2878
 Conf. No.: 3317

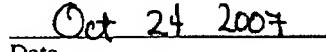
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Date

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